PTO/SB/17 (10-06)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
and to a collection of information unless of informations a useful of the posterior and

Under the Paperwork Reduction Act I							
Effective on 12/0 Fees pursuant to the Consolidated Appro	Complete if Know Application Number 10/550,097-C						
FEE TRANSMITTAL For FY 2009			Filing Date		January 18, 2007		
			First Named Inventor		Katsunori AKIYAMA		
			Examiner Name		C. M. Koslow		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1793		
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket No.		4914-0103PUS1		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please ideatify):							
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
F	ILING FEES	SE	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utility 330	165	540	270	220	110		
Design 220	110	100	50	140	70		
Plant 220	110	330	165	170	85		
Reissue 330	165	540	270	650	325		
Provisional 220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity 5-0 (S) Fee (S) Fee (S)							
Fee Description Each claim over 20 (including Reissues)						Fee (\$) 52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims Extra Clair	ee Paid (\$)	Mi	ultiple Depend				
Total Claims				Fee (\$) Fee Paid			
HP = highest number of total claims paid i	or, if greater than 20.						
Indep. Claims Extra Clair	ns Fee (\$)	Fee Paid (\$)					
3 - 12 = 0	_ * =	_					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction (thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							Paid (\$)
- 100 = /50 = (round up to a whole number) x ×							D. 1 4 400
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): 1251 Extension for response within first month 130.00							
Cuts (v.g., and thing starting or Environment)							
SUBMITTED BY Signature	7 11 430	201	Registration No.	29,271	Telephone	(703) 20	5-8000
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )						(703) 205-8000	
Name (Print/Type) Charles Gorenstein Date February 6, 2009							